

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 151Registered No. 211

1. PLACE OF BIRTH

County GilaState Globe Arizona

District or Township

or Village

City Globe

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Imogene Harvey

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth 9-19-26
Month Day Year

5. No., in order of birth

8.

FATHER

Full name Garland Wilson Harvey

14.

MOTHER

Full maiden name Elizabeth Whiteside

9. Residence

(Usual place of abode)

Globe

15. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Ariz.

If non-resident, give place and state.

Ariz.

10. Color or race

White11. Age at last birthday 24 (Years)

16. Color or race

White17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

Odessa

(State or country)

Texas

18. Birthplace (city or place)

Mogollon

(State or country)

A. Mex

13. Occupation

Nature of Industry

Miner

19. Occupation

Nature of Industry

Housewife20. Number of children of this mother 2(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P m. on the date above stated

(Born alive or stillborn)

Signature

C. W. AdamsPhysician

(Physician or midwife)

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Given name added from
a supplemental report

Month, day, year

Address

Filed

9-30-2619St. St. West

Registrar

Registrar

988-919-565